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Typical hard-to-heal chronic leg wounds and surgical approach with short case report

The vast majority of leg wounds presented in surgical clinics are chronic, particularly hard-to-heal wounds. They have been defined as ones that fail to heal with standard therapy in an orderly and timely manner independently of the wound type, time of onset and ethiology. When it comes to hard-to-heal wounds respectable incidence of odd final diagnosis could be revealed (i.e. calciphylaxis, carcinoma, pyoderma, vasculitis). Nonetheless, venous, ischaemic, decubital and diabetic ulceration are perceived as typical chronic leg wounds. There are many factors for delayed healing such as age, comorbidities, malnutrion, deficiencies, medications, reduced mobility, social environment, medical ignorance, location or wound bed bioburden. Frequently a combination of causes conducts to non-healing wound. Likewise the skill and knowledge of healthcare professionals (i.e. misdiagnose, naive physician, overtreatment), available healthcare resources, product availability and others may significantly influence prolonged healing. The concept of permanent "wounding" leads to notably poorer patient quality of life with emotional and occupational issues just as it affects the ubiquitous worldwide problem of health economics. Treatment of a non-healing wound is very demanding on both the patient and specialist, and frequently requires considerable health system resources. From the surgical rather moderate aggressive point of view, thoughtfully and multidisciplinary treatment is required. Early and comprehensive diagnostics (holistics and target approach) and rapid elimination of plausible causes is mandatory. Furthermore promptly (i.e. revascularization, phlebectomy, necrectomy, fibrinolysis) and/or regularly target surgical interventions (i.e. debridement, plastics, dressing, reassessment, evaluation) along with holistic treatment and symptoms control should inevitably alleviate suffering and achieve wound healing. Additionally the introduction of advanced therapies (NPWT, autologous full-thickness skin substitutes, components restitution (i.e. growth factors, PRP), waterjet/ultrasound debridement, modern dressings) can result in improved cost-effectiveness despite initial increased costs. Once these issues have been properly addressed, follows incontestable and certain accomplishment. In addition, rare, potentially fatal diabetic and hypertensive cruro-pedal wound is reported.

Biography

Tomislav Novinscak has graduated in 1999 from Zagreb University School of Medicine, where he was also trained and qualified for surgeon in 2006. Meanwhile he has completed his Ph.D. and postdoctoral studies from Zagreb University Faculty of Science at the age of 31 years. He is vascular surgeon and wound specialist. He was appointed in 2010, as a senior Lecturer at Varazdin Nursing Colleague. He has published numerous scientific and expert abstracts and papers in reputed journals, accomplished more postgraduate courses especially in wound healing, plastics and diabetic foot topics, participated and was invited as lecturer on more conferences. He is an active member of Croatian and European Wound Healing Associations as well as appointed Croatia representative in IDFWG. Since 2011 he is the Chief of the Board at regional Emergency County Department.

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